PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

## a valid OMB control number. Attorney Docket Number C4-1151 **DECLARATION FOR UTILITY OR** Copeland, Richard L First Named Inventor **DESIGN** PATENT APPLICATION **COMPLETE IF KNOWN** (37 CFR 1.63) Application Number Filing Date July 2, 2003 ☑ Declaration ☐ Declaration Submitted after Initial Submitted **Group Art Unit** Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:										
As a below fiamed inventor, i nereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural										
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
PHASE COMPENSATED FIELD-CANCELLING NESTED LOOP ANTENNA										
the specification of which (Title of the Invention)										
is attached hereto										
OR										
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as										
amended by any amendme	ent specifically referred to ab	ove.	•							
I acknowledge the duty to	disclose information which is	material to patentability as	defined in 37 CF	R 1.56.						
I hereby claim foreign prior certificate, or 365(a) of any	ity benefits under 35 U.S.C. PCT international application	119(a)-(d) or 365(b) of an	y foreign applic	ation(s) for pater	nt or inventor's					
America, listed below and ha	ave also identified below, by	checking the box, any foreign	an application for	r patent or invent	or's certificate,					
or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application		Foreign Filing Date	Priority	Certified Cop	y Attached?					
Number(s)			Not Claimed	YES	NO					
			□							
		<u> </u>	<u> </u>	니						
Additional foreign applic	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s) Filing Date (MM/DD/YYYY)										
				Additional provisional application						
			numbers are listed on a supplemental priority data sheet							
	ĺ	{	PTO/SB/02B attached hereto.							
	l l	1								

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

United States of Amer United States or PCT I information which is m	efit under 35 U.S.C. 120 ica, listed below and, ins nternational application in aterial to patentability as T international filing date	ofar as the sub the manner pro defined in 37 C	ject matter ovided by th CFR 1.56 w	of each of e first parag	the claims of the raph of 35 U.S.	iis applicatio C. 112. I ac	on is not disclose knowledge the du	d in the prior tv to disclose		
U.S. Parent Application or PCT Parent Number				Filing Date	Parent Patent Number (if applicable)					
Additional U.S. or	PCT international applica	ition numbers a	re listed on			sheet PTO	/SB/02B attached	hereto		
As a named inventor. I	hereby appoint the follow	ing registered n	ractitioner/s	) to prosecu						
and trademark Office (	connected therewith:	OR		799_ name/registr	ation number li	sted below				
Nar	ne	Regis	tration nber		Nan		26%	26 Regulation Number		
			iluet					1ARK OFFICE		
Additional register	ed practitioner(s) named	on supplementa	Registered	Practitioner	Information sh	eet PTO/SB	/02C attached he	reto.		
Direct all correspond		ner Number Code Label	26	799	OR	Corre	espondence ad	dress below		
Name			<del></del>							
Address			=							
Address			~			r - r -	,			
City				State		ZIP				
Country		Telephor	ne							
believed to be true; as	all statements made here and further that these state imprisonment, or both, u nt issued thereon.	ements were m	nade with t	he knowledg	e that willful fa	lse stateme	ents and the like	so made are		
Name of Sole or	First Inventor:			☐ A peti	tion has been	filed for th	nis unsigned inv	entor		
Given Name (first and middle [if any])				Family Name or Surname						
Richard L.				<u> </u>						
Inventor's Signature	Richard	L. Cyr	ly	<del></del> -			Date	06/30/		
Residence: City	Boynton Beach	State	FL	Countr	,	SA	Citizenship	USA		
Post Office Address	9292 Lakeside	Lane								
Post Office Address			·							
City	Boynton Beach State	FL	ZIP	ZIP 33437 Country USA			4			
Additional invent	ors are being named o						TO/SB/02A atta			

Please type a plus sign (+) inside this box -> +

## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:							entor			
Given Name (first and middle [if any])				Family Name or Surname						
Gary Mark				Shafer						
Inventor's Signature	Gay Male Schol						1-/-03			
Residence: City	Boca Raton	State	FL /	Co	ountry	USA		Citizensi	nip \	JSA
Post Office Address	ress 2469 Northwest 66th Drive									
Post Office Address										
City	Boca Raton	State	FL	1	ZIP (	33496	Country	, U	SA_	
Name of Addition	Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									
Given Na	me (first and middle [if any]	)		_		Family Nan	ne or S	umame		
I										
Inventor's Signature								Das	te	
Residence: City		State		C	ountry			Citizer	nship	
Post Office Address										
Post Office Address										
City		State			ZIP		Coun	try		
Name of Additional Joint Inventor, if any:     A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Family Name or Sumame										
Inventor's Signature				_				Da	te	
Residence: City		State		c	ountry			Citizer	nship	
Post Office Address								<u></u>		
Post Office Address										
City		State			ZIP		С	ountry		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.